

OTOLOGY.

UNDER THE CHARGE OF

CHARLES H. BURNETT, A.M., M.D.,
AURAL SURGEON, PRESBYTERIAN HOSPITAL, ETC., PHILADELPHIA.

A CASE OF EXTENSIVE CHOLESTEATOMA OF THE MASTOID PROCESS WITHOUT LOCAL SIGNS OF INFLAMMATION; DEATH FROM THROMBOSIS OF THE LATERAL SINUS AND MENINGITIS.

DR. HARRY FRIEDENWALD (*Archives of Otolaryngology*, vol. xx. p. 1) has recorded the history of a case of this kind—that of a man who had had otorrhœa since childhood, after measles. At one time in childhood he had a swelling behind his ear; this was lanced and pus evacuated.

May 17th. Pain in left ear and dizziness. Could not work. No elevation of temperature; pulse 60. Mastoid not tender nor swollen. A spot above line of auditory canal was somewhat tender on deep pressure. Later, however, evanescent. In a month he was better under local treatment of the ear, extraction of polypi, and antiseptics.

One month later (May 25th) patient had a long chill, followed by headache; next day the same thing. Diarrhœa. Temperature normal. From this time on, for two weeks, gradually increasing thrombotic, pyæmic symptoms, rigor, chills, sweating, and fluctuating, elevated temperature—100–104.¹ He complained of great pain in his head. Cerebral abscess, and not thrombosis, suspected. No tenderness in line of jugular vein.

June 7th. Some numbness in right hand. Abscess believed to be in left temporal lobe.

Operation, but no abscess found in the temporal lobe. Post-mortem examination revealed a greenish layer of pus covering the convex surface of the left frontal and parietal lobes, seemingly situated in the pia mater. Firm clot in lateral sinus.

THROMBOSIS OF THE SINUSES.

HANSBERG, of Dortmund (*Annales des Maladies de l'Oreille, etc.*, 1892), has written an article based upon two cases of suppurative disease of the middle ear. Boy, sixteen years old; chronic otorrhœa from infancy, both ears; never any pain; much treatment from specialists (no excision, however). Suddenly, violent pains occurred in the left ear. Hansberg called in on third day; he found high fever, frontal headache and earache; 39.6° C.; pulse, 110 (malleus present in perforated membrane). No caries found by probe in tympanic cavity. Deafness very great. Mastoid normal. Pain when pressure is made in retro-maxillary region, which is not swollen. Fever continues to fifth day, when vomitings occur; violent headache; pupils

¹ These are symptoms of meningitis and thrombosis (pyæmia) rather than of abscess of brain.—Ed.

continue symmetrical; no ophthalmic examination. Ninth day: Violent chills, then temperature 41.5°C . Tenth day: Chills, seminoleness; delirium; no mastoid symptoms; *i. e.*, no swelling, no pain on pressure; no tenderness in retro-maxillary space now; no swelling in line of internal jugular vein. After consultation with former physician it was decided to open the mastoid. Eleventh day of disease: Mastoid chiselled open; bone healthy externally, but after a few strokes of chisel fetid pus escaped in large quantity. Later a discolored spot in upper part of inner mastoid surface was incised, and quantity of fetid pus escaped from sigmoid sinus. Twelfth day: Temperature, 38.8°C .; evening, 38.1°C . Patient feels better; no headache. Thirteenth day: Temperature same. For five days no fever; ear sweet; little discharge. Seventeenth day: Evening, 39.8°C .; violent pains in abdomen; tender on left side; no swelling. Eighteenth day: Pains in abdomen continue. Nineteenth day: Dry cough. Twenty-first day: Chill; pulse 144; 36.4°C ., evening. Twenty-second to thirtieth day: Chills, fever; pain in left shoulder. Thirty-eighth day to forty-fifth day: Chills, fever, gradual failure; pain in abdomen; vomitings; finally, temperature below normal. Pain in abdomen and shoulder continue; consciousness remained. Death on the fifty-seventh day.

Autopsy. Clot entirely filling longitudinal sinus; confluent and extending into left transverse sinus as far as the jugular foramen, where it ceased; in the superior petrosal sinus also a thrombus. One and one-half centimetres from the torcular Herophili forward and to the left there was a round hole in the dura mater, 8 mm. wide, which leads into the thrombosed transverse sinus. The opening in the dura mater corresponded furthermore to an opening in the occipital bone. Metastatic abscess in lung and abdomen.

A SUCCESSFUL CASE OF LIGATURE OF THE INTERNAL JUGULAR VEIN AND TREPHINING LATERAL SINUS IN AN EAR CASE, WHILST THE SYMPTOMS OF PYÆMIA WERE WELL PRONOUNCED.

H. H. CLUTTON (*British Medical Journal*) records the case of a boy, ten years old, who had otorrhœa in the right ear for six months after the grippe in 1891. Otorrhœa ceased upon supervention of earache, headache, and marked pyæmic rigor, and variations in temperature from 97° – 105°F . Metastatic suppuration of ulna and ankle also present. Tumefaction over the jugular; vein thickened; the latter was opened, and a loose clot found. Three days later, trephine over lateral sinus, and pus found in it; syringed out by stream from the sinus down through jugular vein and out at opening in the neck, removing broken-down clot and pus. Slow but uninterrupted recovery.

PYÆMIA OF OTITIC ORIGIN SUCCESSFULLY TREATED BY THE REMOVAL OF A PUTRID THROMBUS FROM THE JUGULAR VEIN AND LATERAL SINUS.

DR. PARKER, of Liverpool (*Brit. Med. Journal*), has recorded the very interesting case of a man having chronic otitis media suppurativa since he was fourteen years old. Violent ear pains for a week before he was received into

hospital. For three days frequent chills and vomitings; complete insomnia; temperature 40.5° when received into hospital. Vertigo on rising; stupor, with occasional delirium. Fetid pus flowed from left ear. Painful swelling in the neck on a level with the upper extremity of the internal jugular vein; mastoid intact. Mr. Parker now diagnosed obliteration of the jugular by thrombus extending from lateral sinus. The symptoms indicated sinus-phlebitis.

Pyæmic symptoms; chills and fever increasing for three days; removal of thrombus was performed. Incision fifteen centimetres long, from mastoid along the line of the left jugular vein. The jugular was obliterated by a clot, from its exit from the skull to the anastomosis with the facial vein; the latter also thrombosed for three inches. Thrombotic portions resected. Mastoid trephined and lateral sinus opened, giving vent to fetid odor; it was filled with a grayish, purulent matter. Sinus opened and scraped. All exposed parts washed with sublimate solution. Hemorrhage from sinus stopped by antiseptic wax. Next morning patient read newspaper and remained well two days. Then mastoid swelled, temperature went up to 39° C. Patient became stupid; the tampon of wax was removed and pus allowed to escape. In sixteen days patient was well under antiseptic washings, and has remained so.

HISTOLOGICAL CHANGES IN BOTH PETROUS BONES DUE TO CHRONIC PURULENT OTITIS MEDIA FOLLOWING SCARLATINA; THREE YEARS LATER, MENINGITIS OF CEREBRAL BASE AND CONVEXITY; DEATH.

IN May, 1886, scarlatina and naso-pharyngeal diphtheria in a child five years old. On the fourth day intense pain in both ears, followed immediately by purulent discharge from both ears. At the outset the child became profoundly deaf, and remained so. Immediately after the scarlatinous disease had passed by, the child complained of vertigo, and manifested a markedly staggering gait. For a long time the child had earache and headache.

At the time of the beginning of the last illness, January, 1889, there was a fetid discharge from the ears, which, however, ceased in the right ear, but continued in the left for a few days longer. At this time the temperature fell from 39° and 40° C., to 38° , and thus continued with little variation for six days. At the end of this period the temperature rose to 40.4° C., and purulent discharge came again from the left ear and continued until the child's death. The discharge reappeared in the right ear for only one day, and then stopped again. Temperature remained at 39° C. until a short time before death, when it rose to 40° C.

Complete deafness, somnolence, and unconsciousness. Constipation and sudden screaming in sleep, clutching at her head, vomiting, gritting of the teeth, left-side paralysis of extremities, twitching of the facial muscles, stiffness of the neck, retention of urine, involuntary defecation, abolition of tendon- and skin-reflexes, preceded by general hyperæsthesia. It was not possible to fully straighten the knee on account of the tense flexion at hip-joint. On the left side very intense podalic clonus. Increasing somnolence. For a day before death brownish pus flowed from the nose. Belly indolent, sunken. Pulse varied from 100-120, irregular. With lower temperature the

pulse fell to 80-100. Finally the pulse rose to 140-160. The respirations previously accelerated now sank to 12; Cheyne-Stokes respiration occurred occasionally.

Macroscopic examination of both petrous bones revealed a highly sclerotic state of both tegmina tympanorum; mucous membrane of both attics thick and red. Purulent meningitis of convexity and base; hydrocephalus internus; cavity containing cheesy mass in right bronchus; disseminated tubercle in both lungs; numerous tuberculous deposits in spleen and kidneys; disseminated tubercles in the liver.—S. Moos, *Zeitschrift für Ohrenheilkunde*.

PURULENT BRAIN DEPOSITS, PHLEBITIS AND THROMBOSIS OF THE CEREBRAL VEINS AND SINUSES FOLLOWING EAR DISEASE.

FRANK ALLPORT, M.D., of Minneapolis, Minn. (*Journal of the American Medical Association*), has shown much industry in collecting the data, bringing together notes of 169 cases of the above-named nature. Conditions admitting to the list are mentioned as follows:

1. The patient must have had an ear difficulty resulting in intra-cranial trouble, death, and an autopsy.
2. The patient must have had an ear difficulty resulting in intra-cranial trouble, and the intra-cranial disease exposed by operation.

Men, 86; women, 46; sex not stated, 37; equal 169. Average age, nineteen to twenty years. Most frequent ages involved, seventeen to twenty-six years. Right ear, 81; left ear, 69; ear not stated, 19; equal 169. Cerebro-aural affection dependent upon chronic otorrhœa, 118; cerebro-aural affection dependent upon acute otorrhœa, 10; not stated, 41; total, 169.

OBSTETRICS.

UNDER THE CHARGE OF

EDWARD P. DAVIS, A.M., M.D.,

PROFESSOR OF OBSTETRICS AND DISEASES OF INFANCY IN THE PHILADELPHIA POLYCLINIC;

CLINICAL PROFESSOR OF DISEASES OF CHILDREN IN THE WOMAN'S MEDICAL COLLEGE;

CLINICAL LECTURER ON OBSTETRICS IN THE JEFFERSON MEDICAL COLLEGE;

VISITING OBSTETRICIAN TO THE PHILADELPHIA HOSPITAL, ETC.

ASSISTED BY

W. H. WELLS, M.D.,

ASSISTANT DEMONSTRATOR OF CLINICAL OBSTETRICS IN THE JEFFERSON
MEDICAL COLLEGE, PHILADELPHIA.

A CASE OF CÆSAREAN SECTION FOR OSTEOMALACIA.

SEELIGMANN (*Münchener medicinische Wochenschrift*, 1893, No. 14, p. 273) describes a patient, who had had seven children and five abortions. Last child delivered by version and extraction, dying soon after birth. Patient was in a miserable condition, being confined to bed before the pregnancy;